

## Targeted Case Management Annual Participation Survey For Fiscal Year 2005-06

Complete a separate form for each target group your Local Governmental Agency (LGA) plans to serve in State fiscal year 2005-06. The California Department of Health Services uses this form and its supporting information to notify the federal government which LGAs will provide Targeted Case Management (TCM) services to which target groups. Enter your responses in the fill-in fields; the fields will expand to accommodate the length of your response. This form is to help you consider TCM and its requirements; it will not be used to audit LGAs.

<b>LGA Name:</b>	
<b>Target Group to be Served:</b> (e-users pick from list)	

(Target Group Definitions: [TCM Provider Manual Overview - Page 3, Paragraph 2](#))

These questions are based on the fiscal year (FY) 2004-05 cost report. If this is your first year, skip nos. 1 and 2. If your FY 2004-05 cost report has not yet been approved, use the figures submitted.

1. What is the Billable Rate per Encounter for FY 2004-05?	
2. What is the Maximum Claimable Amount (CAP) for FY 2004-05?	
3. Based on your existing or projected encounter rate, what is your LGA's FY 2005-06 projected:	
<div style="margin-left: 40px;">a. Number of Medi-Cal TCM encounters</div> <div style="margin-left: 40px;">b. Maximum Claimable Amount.</div>	
4. Explain the method used to calculate the answers to question three.	
5. Please attach a copy of the:	
a. Performance Monitoring Plan (PMP).	Attached
b. Fee Schedule and instructions for using it.	Attached
6. Do you contract TCM services to community-based organizations (CBOs)?	
a. If <u>NO</u> , stop here, sign and date the form, and send to us via mail or fax (see delivery options below).	NO
b. If <u>YES</u> , complete a separate CBO entry ( <u>next page</u> ) for each CBO.	YES

### Signature Required for Submission

<b>TCM Coordinator Printed Name:</b>	Phone:
<b>TCM Coordinator Signature:</b> _____	<b>Date:</b> (m m / d d / y y y y)

**Please mail or fax to:**

For Regular U.S. Mail:	For Overnight or Express Mail:	Fax:
Mr. David Bass, Chief Department of Health Services Targeted Case Management MS 4601 P.O. Box 997417 Sacramento, CA 95899-7417	Mr. David Bass, Chief Department of Health Services Targeted Case Management 1501 Capitol Avenue, Ste. 71.4001 MS 4601 Sacramento, CA 95814	(916) 552-9602

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## Community-Based Organization Supplemental Information

For this survey, CBOs are not city, county, or Native American agencies: they are private non-profit agencies.

CBO Name:
1. What are the expected sources of State and LGA funding for the TCM services to be provided to Medi-Cal beneficiaries by this CBO for the 2005-06 Fiscal Year?
2. Are the State and LGA funds identified sufficient to support 100 percent of the costs of TCM services provided to Medi-Cal beneficiaries by this CBO?      YES      NO  <b>Note:</b> If the identified public funds are insufficient, TCM program costs must be reduced equal to the amount of public funds available.
3. What methods will the LGA use to monitor the CBO's provision of TCM services and claims for TCM services?      Staff Training      Documentation Review      Fiscal Audit  Other, please explain:
4. If different from the LGA's, please attach a copy of the CBO's: a. Performance Monitoring Plan.      Attached b. Fee schedule and instructions for using it.      Attached

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3. What methods will the LGA use to monitor the CBO's provision of TCM services and claims for TCM services?      Staff Training      Documentation Review      Fiscal Audit  Other, please explain:
4. If different from the LGA's, please attach a copy of the CBO's: c. Performance Monitoring Plan.      Attached d. Fee schedule and instructions for using it.      Attached